

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091417 (2)

1. Corporation Name

STAFFORD MANAGEMENT, INC.



Principal Place of Business

Mailing Address

1016 LINGO CIRCLE
WILLA-OAKS
OVIEDO FL 32765
US

1016 LINGO CIRCLE
WILLA-OAKS
OVIEDO FL 32765
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1995

4. FEI Number

59-3353521

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURGNER, KARL A PA
1757 WEST BROADWAY STE 4
OVIEDO FL 32765

81 Name

DAKE, Thomas H. (P.A) Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

1622 N. MILLS AVE (P.O.B. #4)

83

84 City

ORLANDO.

FL

85 Zip Code

32802

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registered)

DATE

1/13/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME BERGNER, JOHN F JR.
STREET ADDRESS 1016 LINGO CIRCLE
CITY-ST-ZIP OVIEDO FL 32765

TITLE VP
NAME BATEMAN, JERRY
STREET ADDRESS 2116 TURNBERRY DRIVE
CITY-ST-ZIP OVIEDO FL 32765

TITLE SEC
NAME WARD, PATRICIA
STREET ADDRESS 9001 NOTCHWOOD COURT
CITY-ST-ZIP ORLANDO FL 32825

TITLE D
NAME BERGNER, ERLA
STREET ADDRESS 1016 LINGO CIRCLE
CITY-ST-ZIP OVIEDO FL 32765

TITLE D
NAME SHANNON, ELIZABETH
STREET ADDRESS 925 WINDWALK COURT
CITY-ST-ZIP ROSWELL GA 30076

TITLE D
NAME TAYLOR, DEBORAH
STREET ADDRESS 11424 SYMPHONY WOOD LANE
CITY-ST-ZIP SILVER SPRING MD 20901

1.1 TITLE D
1.2 NAME SHERWELL, Victor B.
1.3 STREET ADDRESS 1022 PINE HURST COURT
1.4 CITY-ST-ZIP OVIEDO FL 32765

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John F. Bergner Jr.

John F. BERGNER, Jr. (407) 972-8254

CR2E034 (10/97)